

# ANNUAL PERSONNEL CERTIFICATION STATEMENT

PAI - Privacy Act Information

Full Legal Given Name:	Date of Birth:	Social Security Number:	Organization Code:	Phone:
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Please check certification(s) that apply.

Specialty	Pass	Fail	Restrictions
<b>Category I</b>			
<input type="checkbox"/> Aerial Lift Operator			
<input type="checkbox"/> Fall Protection			
<input type="checkbox"/> Flight Deck Crew			
<input type="checkbox"/> Forklift Operator			
<input type="checkbox"/> Lull Boom Operator			
<input type="checkbox"/> Heavy Equipment Operator			
<input type="checkbox"/> Hydraset Operator			
<input type="checkbox"/> KAMAG Operator			
<input type="checkbox"/> Lockout/Tagout, Authorized Employee			
<input type="checkbox"/> Mobile Operator			
<input type="checkbox"/> Derrick Operator			
<input type="checkbox"/> Crane Operator			
<input type="checkbox"/> Gantry Operator			
<input type="checkbox"/> Rigger			
<input type="checkbox"/> Scaffolds Competent Person			
<input type="checkbox"/> Space Station Element Transportation System (SSETS) ECS Technician			
<input type="checkbox"/> SSETS INCS Technician			
<input type="checkbox"/> Flagman (Critical)			
<input type="checkbox"/> Flagman (Non-critical)			
<input type="checkbox"/> Commercial Driver's License			
<b>Category II</b>			
<input type="checkbox"/> PCH-Forklift Operator			
<input type="checkbox"/> PCH-Hydraset Operator			
<input type="checkbox"/> PCH-Manual Move			
<input type="checkbox"/> PCH-Mobile Operator			
<input type="checkbox"/> Derrick Crane Operator			
<input type="checkbox"/> Flagman Crane Operator			
<input type="checkbox"/> PCH-Overhead Crane & Hoist Operator			
<input type="checkbox"/> PCH-Rigger			
<input type="checkbox"/> PCH S&MA Monitor			
<b>Category III</b>			
<input type="checkbox"/> Asbestos Abatement			
<b>Category IV</b>			
<input type="checkbox"/> Confined Space Entry			
<input type="checkbox"/> Cryogen Handler			
<input type="checkbox"/> Hazardous Material Handlers			
<input type="checkbox"/> Propellant & Explosive Handler			
<input type="checkbox"/> Propellant & Explosive User			
<input type="checkbox"/> Respirator (Non-SCBA)			
<input type="checkbox"/> Self-contained Breathing Apparatus (SCBA)			
<b>Category V</b>			
<input type="checkbox"/> High Pressure Systems			
<input type="checkbox"/> Hyperbaric Chamber			
<input type="checkbox"/> Rescue Personnel			
<input type="checkbox"/> Wind Tunnel Operator			
<b>Category VI</b>			
<input type="checkbox"/> Laser Maintenance Personnel			
<input type="checkbox"/> Laser Operator			
<input type="checkbox"/> Radiation			

Physician:	Physician's Signature:	Date:
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## **INSTRUCTIONS**

### **ANNUAL PERSONNEL CERTIFICATION STATEMENT**

1. Enter employee's name, date of birth, social security number, organization code, and phone number.
2. Check ALL specialties that apply to the personnel certification for which the MSFC Form 4083 is submitted.
3. After specialties are checked, submit form to the MSFC Medical Center for completion.
4. MSFC physician enters pass or fail for the specialty and any restrictions.
5. MSFC physician signs the MSFC Form 4083-2 and returns to employee.
6. Employee attaches the MSFC Form 4083-2 to the MSFC Form 4083 and follows the instructions for the MSFC Form 4083.